

## **VI. RESULTS: INJURED WORKERS**

This section presents results of our survey of injured workers in California and their experiences receiving treatment in the WC system. The first subsection summarizes the characteristics of our respondents. The next two subsections summarize the findings according to issues related to access and quality, respectively. The next subsection presents findings on access and quality for injured workers with 10 or more provider visits, since these workers may have more severe injuries and thus different experiences with the WC system relative to injured workers with fewer visits. The next subsection presents findings on racial/ethnic disparities in access and quality. The final subsection presents a summary of the findings and conclusions.

### **INJURED WORKER DEMOGRAPHICS AND INJURY CHARACTERISTICS**

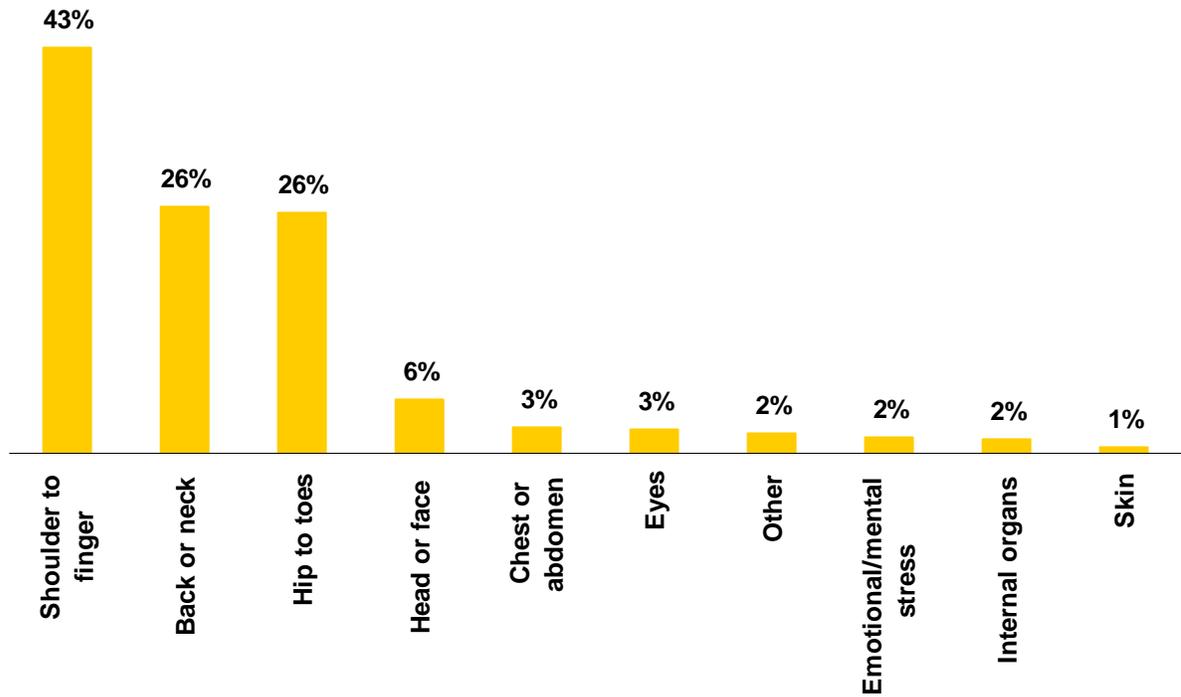
Injured workers were 41 years of age on average and 46% were female (Exhibit 1). The largest proportions of injured workers were white (40%) or Latino (45%). The largest proportions were high school graduates (31%) or had some college education (33%). Most (74%) reported being fluent in English. The largest proportion of injured workers (32%) earned between \$15,000 and \$35,000 and the majority (67%) had health insurance through their employers or purchased it privately. A small proportion (11%) reported being represented by an attorney. Nearly all injured workers (90%) worked in an urban area at the time of injury.

**Exhibit 1. Demographics of injured workers, California, 2006**

<b>Age</b>	
30 or less	26%
31 - 45	34%
46 or older	40%
Average age: 41, Median age: 42	
<b>Female</b>	46%
<b>Educational attainment</b>	
Less than high school diploma	17%
High school diploma or GED	31%
Some college	33%
College graduate	19%
<b>Race/ethnicity</b>	
White	40%
Latino	45%
African-American	5%
Asian-American	6%
Native American/Alaska Native	2%
Other/mixed race	1%
<b>Fluent in spoken English</b>	74%
<b>Individual annual income</b>	
Less than \$15,000	23%
\$15,000 - \$34,999	32%
\$35,000 - \$49,999	17%
\$50,000 or more	28%
<b>Health insurance coverage</b>	
Uninsured	8%
Employment-based or privately purchased	67%
Medi-Cal/Healthy Families	11%
Other	14%
<b>Represented by an attorney</b>	11%
<b>Location of injury is urban</b>	90%

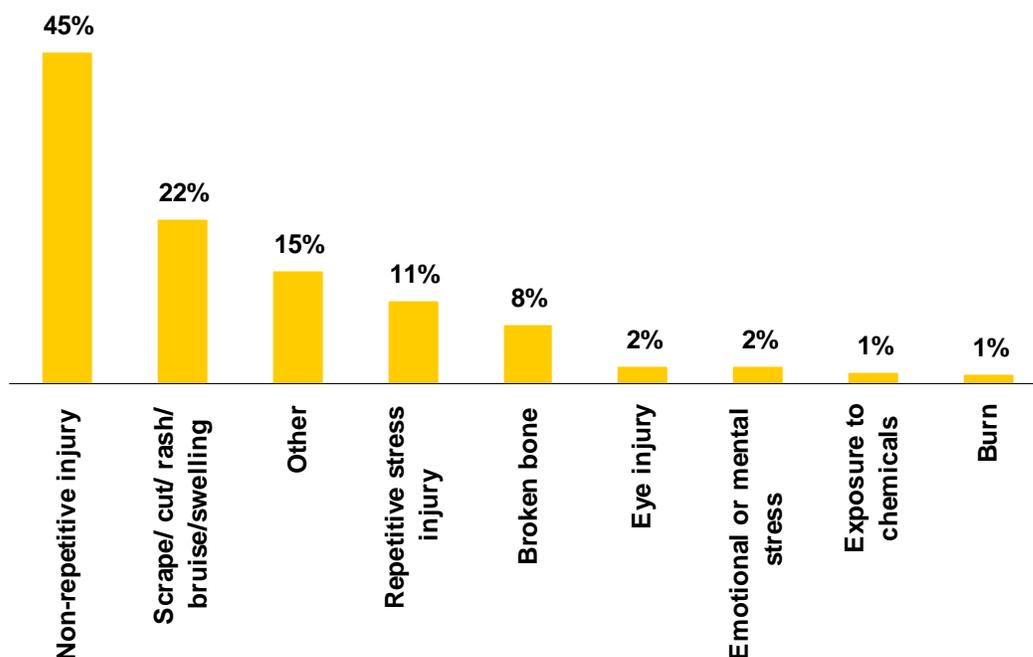
The most frequently injured parts of the body were the upper extremities (from fingers to shoulders) (43%), followed by the lower extremities (hips to toes) (26%), and the back or neck (26%) (Exhibit 2).

**Exhibit 2. Injured workers' part of body injured, California, 2006**



The most common types of injuries were sprains, strains, or other muscle or joint injuries not due to repetitive motion (45%), followed by scrapes, cuts, rashes, bruises or swelling (22%), other injuries (15%), and repetitive stress injuries (11%) (Exhibit 3). Most injured workers (61%) reported having missed 3 or fewer days of work and were therefore classified as medical-only claims that did not receive indemnity payments.

**Exhibit 3. Injured workers' type of injury, California, 2006**



## **ACCESS TO CARE**

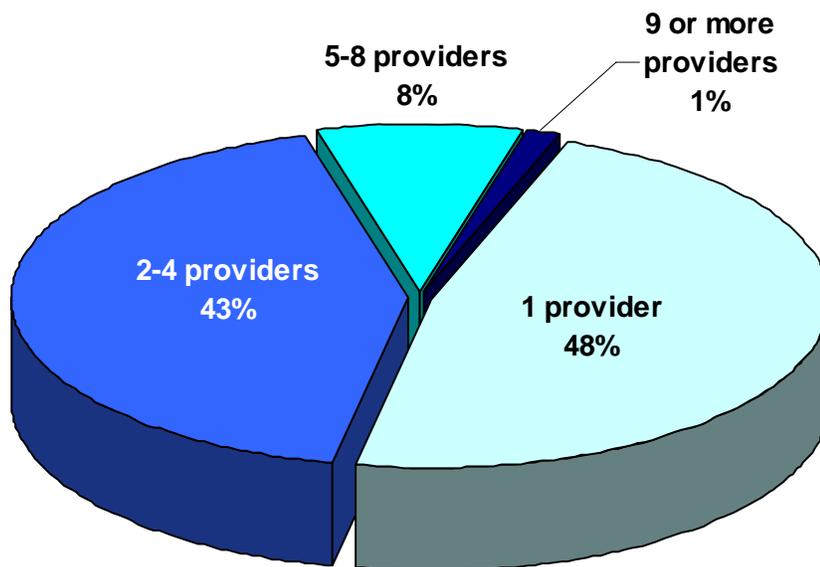
A number of factors are predictors of access to care for injured workers (refer to Section IV). In the following analyses, access to care is measured by a variety of indicators including the overall utilization pattern of medical services, characteristics of the first visit as well as visits to the main provider (i.e., the provider most involved in their care), and use of and difficulties in accessing specialists, physical and occupational therapists, and prescription medications.

### **Overall Utilization**

The overall utilization of medical services by injured workers included the total number of providers seen, total number of visits to all providers, and duration of treatment, which was measured from the date of injury to the date of participation in the survey for those still receiving treatment.

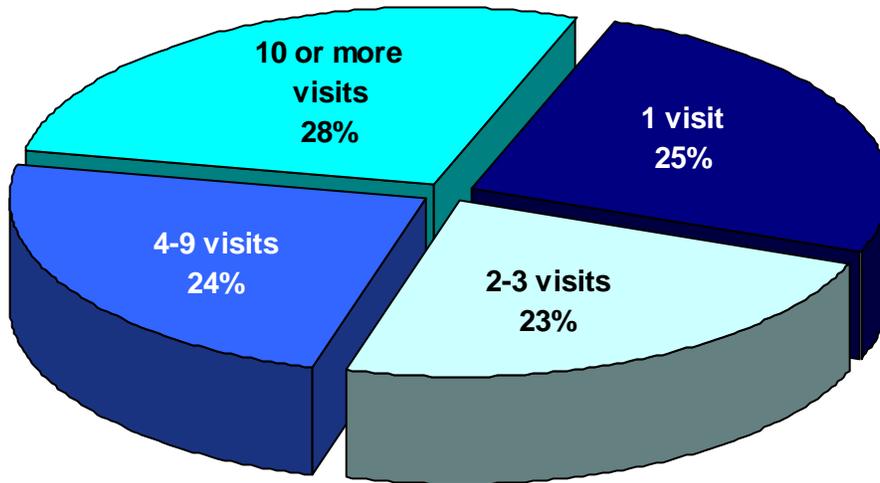
Almost half (48%) of injured workers reported having seen a single provider (excluding physical and occupational therapists) for their injury, while a large proportion (43%) saw 2-4 providers (Exhibit 4).

**Exhibit 4. Total number of providers seen by injured workers, California, 2006**



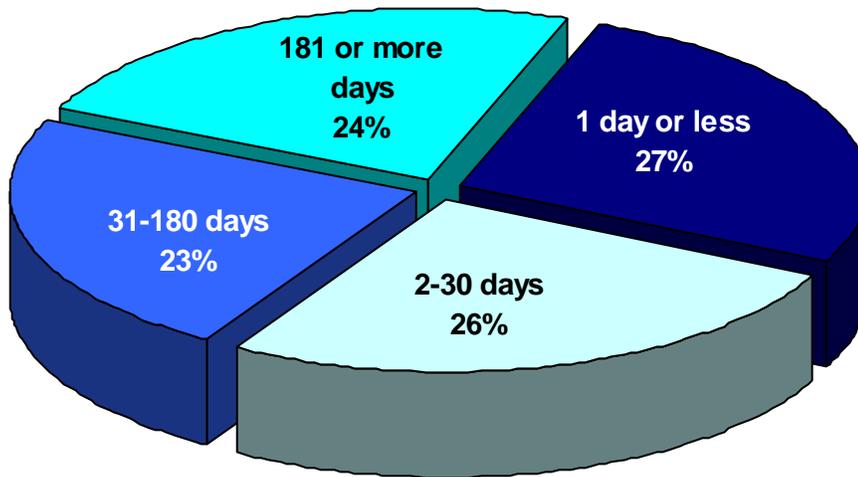
A quarter of injured workers had a single visit for the injury, and 23% had 2-3 visits. Therefore, almost half of injuries (48%) required 3 or fewer visits. However, 24% of injured workers had 4-9 visits, and 28% had 10 or more visits (Exhibit 5). Combining the data on number of visits and number of providers seen indicates that 25% of injured workers reported a single visit to a single provider, followed by 22% who reported more than one visit to a single provider, and 53% who had multiple visits to multiple providers.

**Exhibit 5. Total number of visits by injured workers, California, 2006**



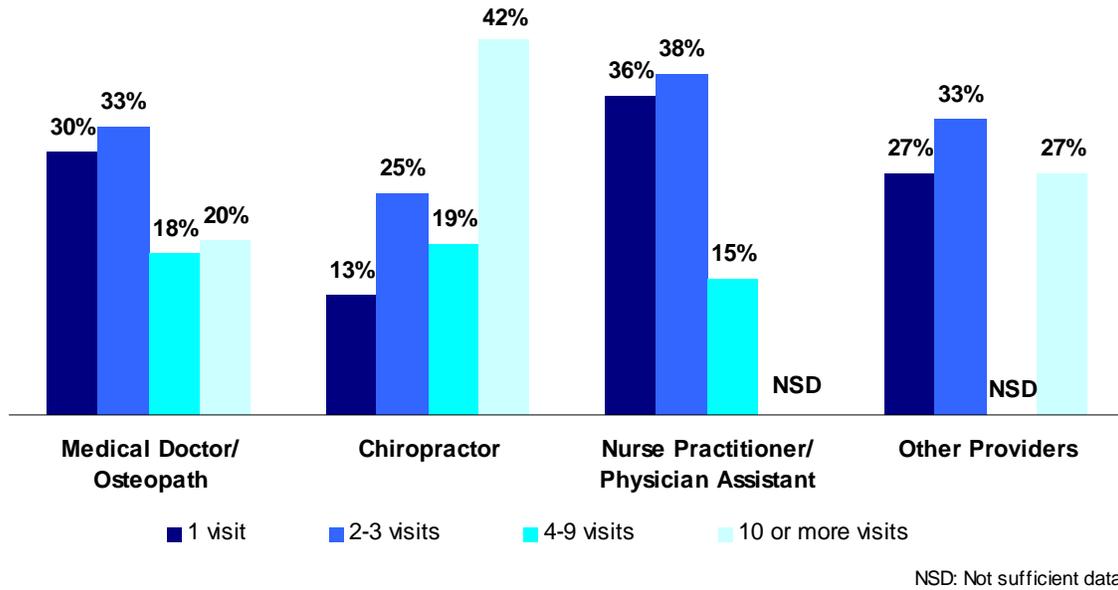
The average duration of treatment was 126 days (approximately four months and one week) and the median duration was 30 days, indicating a highly skewed distribution of the number of days reported by injured workers. Twenty-seven percent had been in treatment for one day or less and another 26% had treatment for 2-30 days. Overall, 24% of injured workers reported being in treatment over six months (Exhibit 6). Seventeen percent were still seeking medical care for their injury at the time of the survey.

**Exhibit 6. Duration of treatment of injured workers, California, 2006**

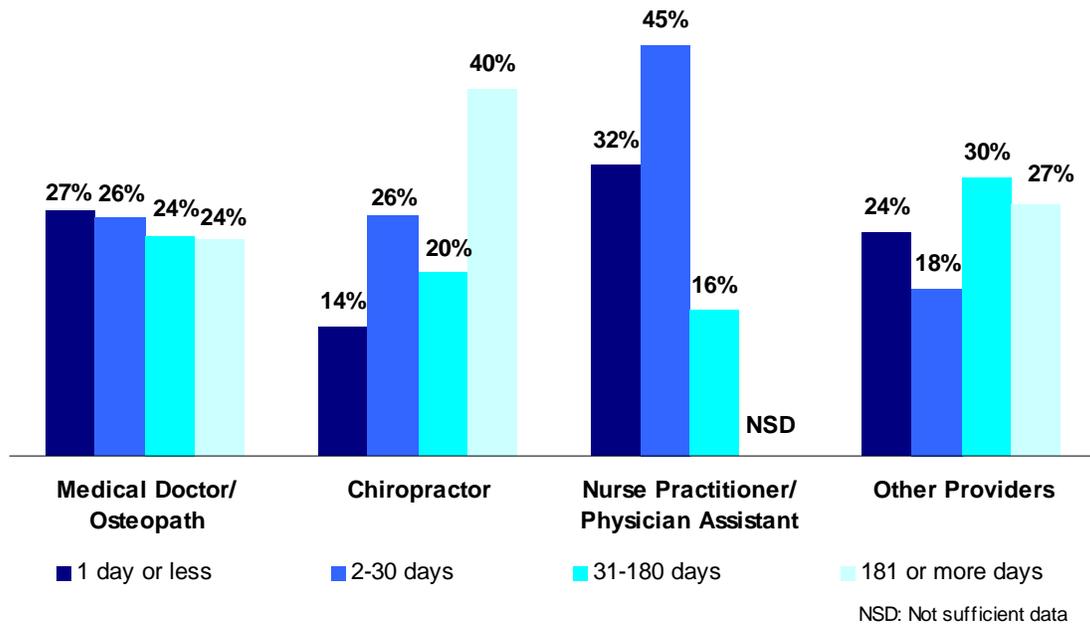


A closer examination of overall utilization by the type of main provider did not show any significant differences, with two exceptions. Injured workers most frequently reported 10 or more visits to their main provider if the main provider was a chiropractor and most frequently reported three or fewer visits if their main provider was an MD/DO, nurse practitioner/physician assistant (NP/PA), or another type of provider (Exhibit 7). Similarly, injured workers most frequently reported being in treatment for over six months if their provider was a chiropractor versus other provider types (Exhibit 8).

**Exhibit 7. Number of visits to main provider by main provider type, California, 2006**



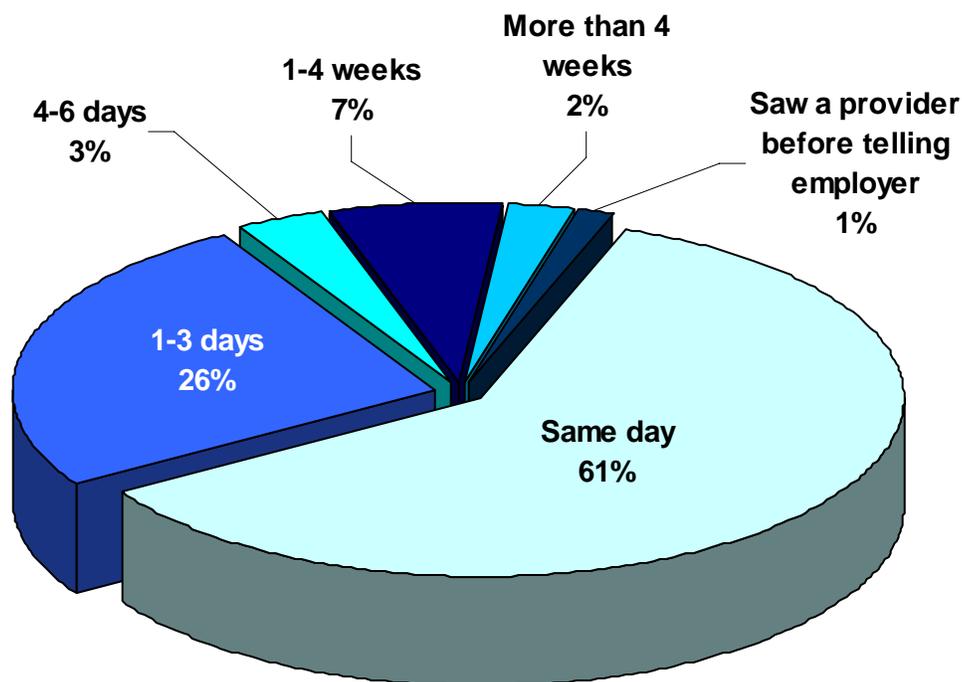
**Exhibit 8. Duration of treatment of injured workers by main provider type, California, 2006**



### Access to First Visit

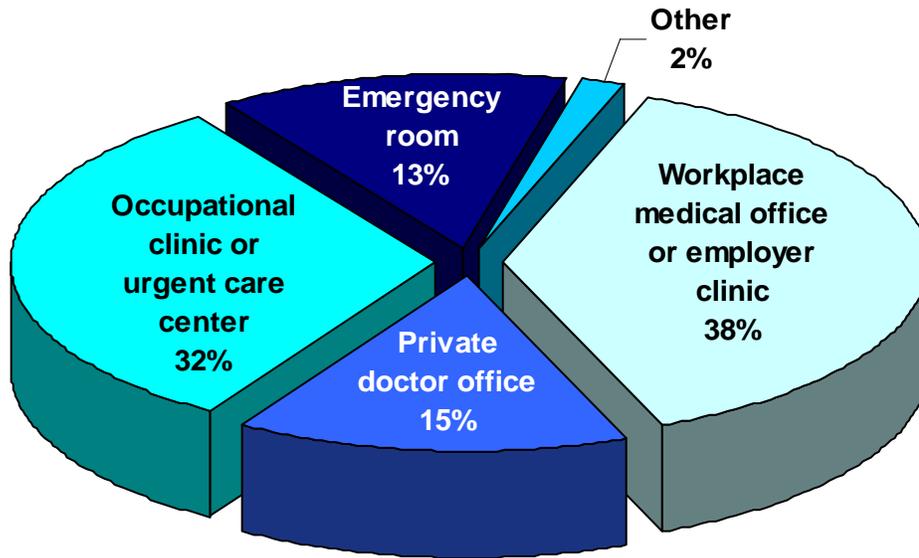
The vast majority (87%) of injured workers visited a health care provider on the same day (61%) or within 3 days of reporting the injury to their employer (26%) (Exhibit 9). A higher percentage of injured workers with 10 or more visits had their first provider visit after 3 days (20%, representing 5.5% of all injured workers) compared to those with fewer visits (11%). Injured workers most often visited an MD/DO (91%) for their initial visit, followed by 3% who visited a chiropractor, 4% who visited an NP/PA, and the remaining 2% who visited other providers such as psychologists, podiatrists, optometrists, or dentists.

**Exhibit 9. Time of first provider visit by injured workers, California, 2006**



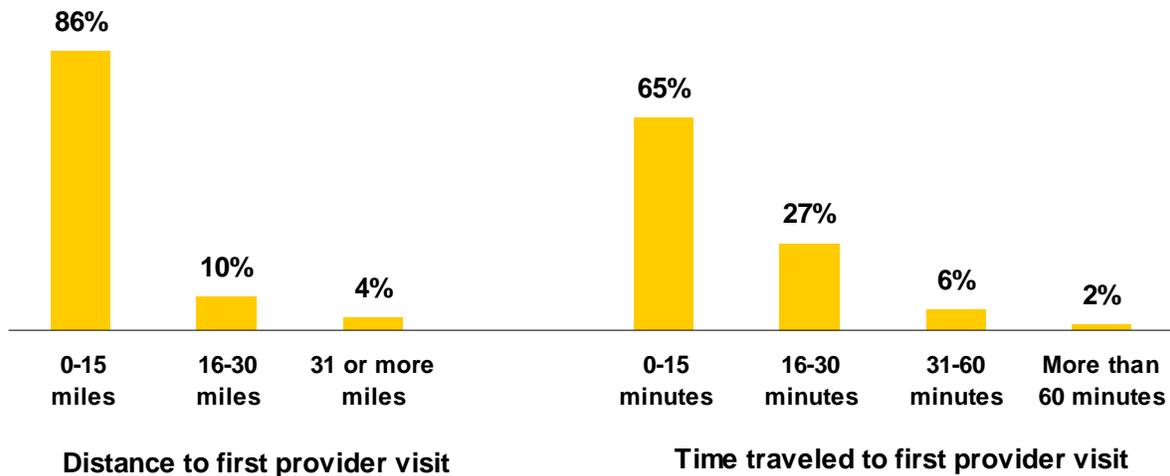
The majority (68%) of injured workers reported that their employer or the insurer selected the first provider or the location for their first visit. The remaining workers either selected the first provider/location (19%) or were seen at an emergency room (13%). The greatest proportion of injured workers were seen at a workplace medical office or clinic (38%) followed by an occupational clinic or urgent care center (32%) (Exhibit 10).

**Exhibit 10. Location of first provider visit by injured workers, California, 2006**



The first providers were most often within a 15-mile radius of the injured worker (86%) or within 30 minutes of driving time (92%) (Exhibit 11). Injured workers' reported distance to the first provider was not significantly associated with the urban/rural location of the injury.

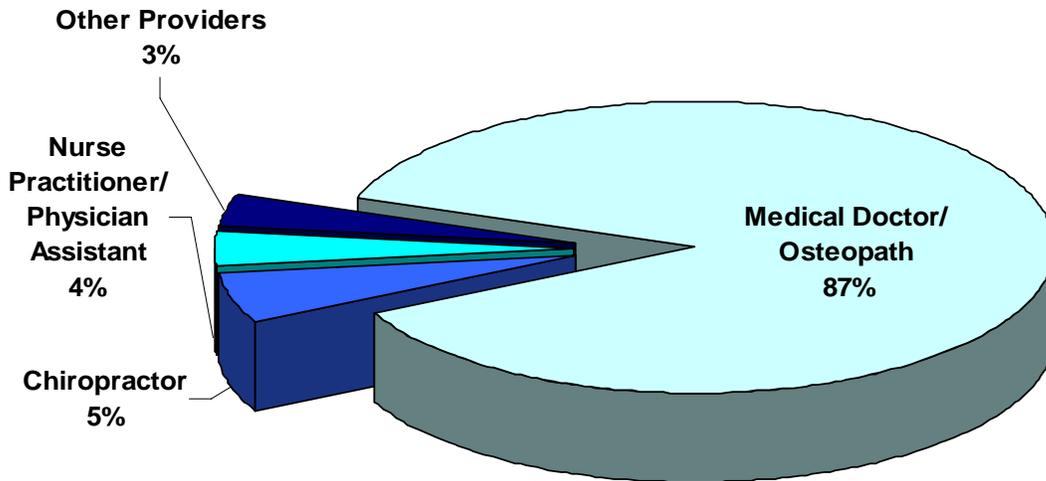
**Exhibit 11. Time and distance to first provider visit, California, 2006**



### Access to Main Provider

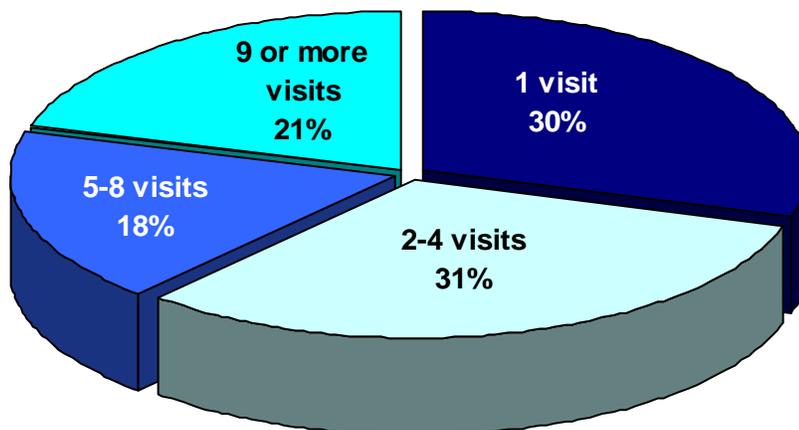
Injured workers reported that the main provider who was most involved in their care (including those who reported only one provider) was most frequently (87%) an MD/DO (Exhibit 12).

**Exhibit 12. Type of main provider for injured workers, California, 2006**



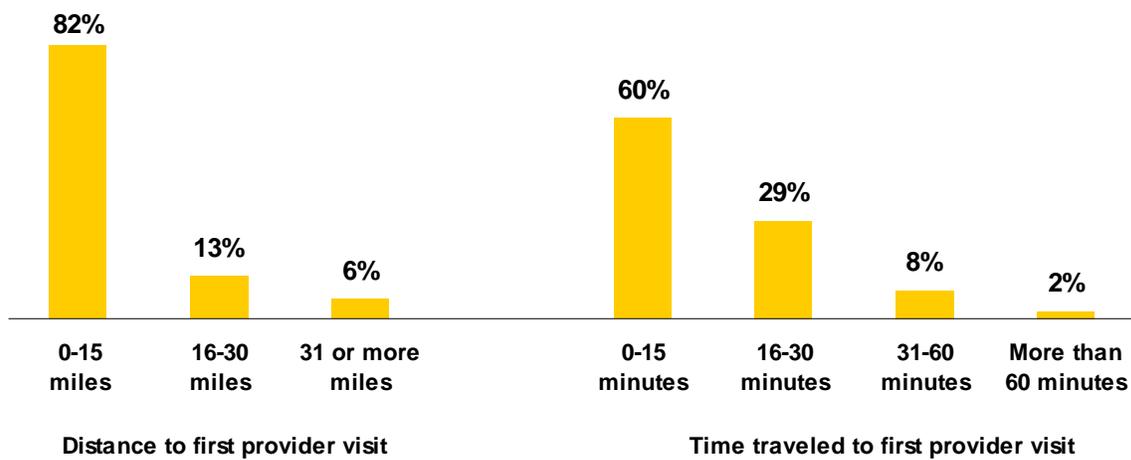
The majority (61%) had either only one (30%) or 2-3 visits (31%) to the main provider (Exhibit 13). Twenty-six percent of injured workers chose their main provider.

**Exhibit 13. Number of visits to main provider for injured workers, California, 2006**



Most injured workers traveled 15 miles or less (82%) or 30 minutes or less (89%) to the main provider (Exhibit 14). When asked to report on any difficulties communicating with the main provider during their last visit, 93% reported none, followed by 3% who reported having such difficulty due to language barriers, and the remaining 4% who reported difficulties due to other reasons.

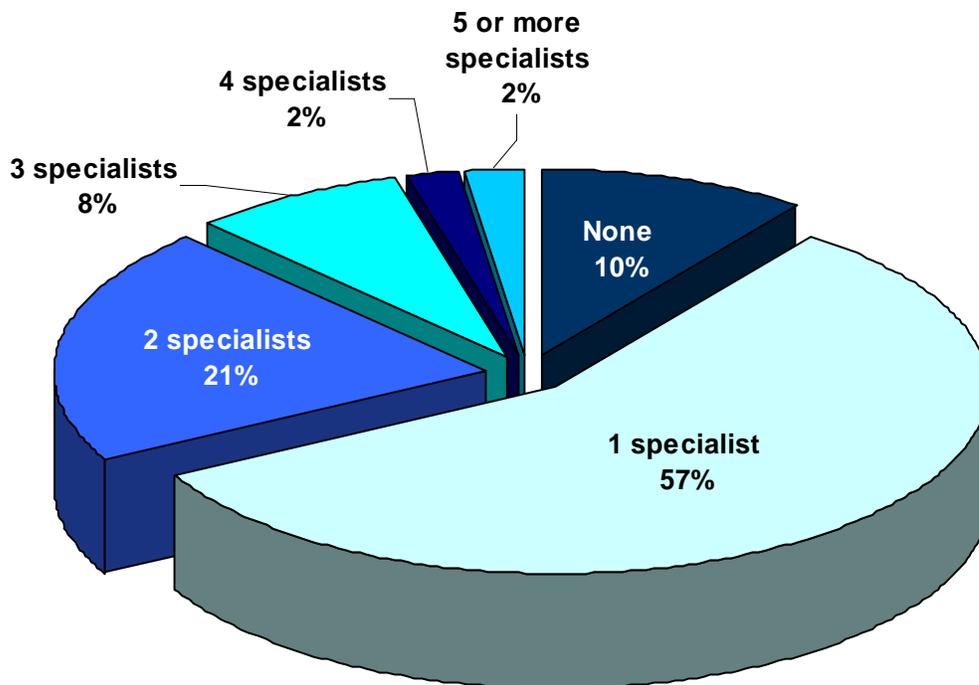
**Exhibit 14. Time and distance to main provider for injured workers, California, 2006**



### Access to Specialists

Approximately one-third (31%) of injured workers reported that a health care provider recommended specialist care. Among those injured workers who received a recommendation for specialist care, 10% reported not seeing a specialist for their injury, over half (57%) saw one specialist, and the remaining 33% saw 2 or more specialists (Exhibit 15).

**Exhibit 15. Number of specialist seen by injured workers with a recommendation to see a specialist, California, 2006**

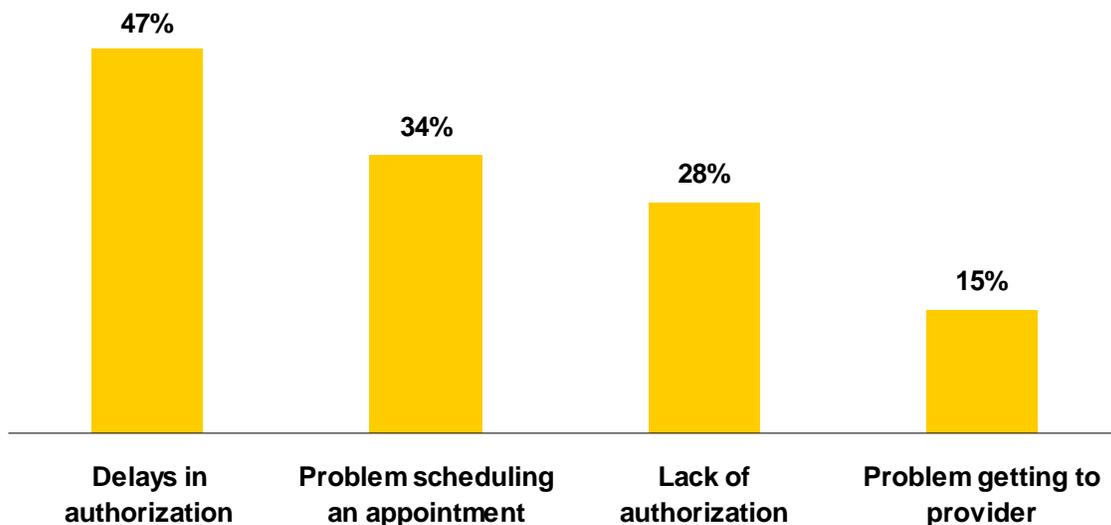


Among the 10% of injured workers with a recommendation for specialist care who did not have a specialist visit, 33% reported not seeing a specialist due to lack of authorization by the employer or insurer (equal to 1% of all injured workers) and 23% reported not seeing a specialist because they did not think it was needed (0.7% of all injured workers). The remainder reported reasons such as problems scheduling appointments, problems getting to providers, providers would not accept WC patients, or something else (percentages not reported due to insufficient data). Overall, 8% of injured workers with a recommendation for specialist care (2.4% of all injured workers) did not see a specialist for reasons other than personal preference.

Among workers with a recommendation to see a specialist and with at least one specialist visit, 20% reported encountering difficulties when seeking this care (5.5% of all injured workers). Those reporting difficulties most frequently (47%) cited delays with authorization

(2.6% of all injured workers) followed by 34% citing problems scheduling appointments (1.9% of all injured workers) and 28% citing problems obtaining authorization (1.6% of all injured workers) (Exhibit 16).

**Exhibit 16. Difficulties reported by injured workers who had a specialist visit, California, 2006**



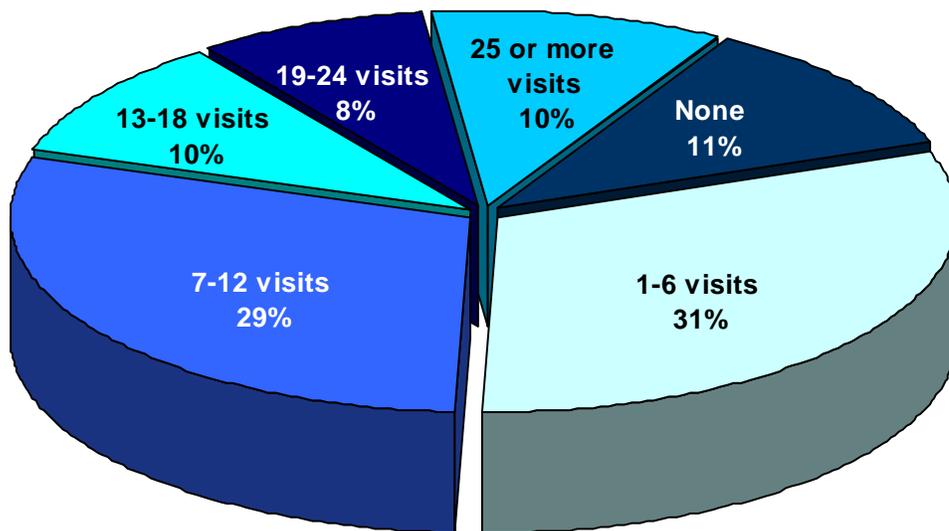
The vast majority of those with specialist visits reported travel distances of 30 miles or less (83%) and travel times of 60 minutes or less (91%) to the specialist seen most often.

### **Access to Physical and Occupational Therapy**

Forty-four percent of injured workers reported that a health care provider had recommended physical or occupational therapy (PT/OT) as part of their care. Of those with such a recommendation, 11% did not see a PT/OT and 10% had 25 or more such visits (Exhibit 17). Among those who did not see a PT/OT, 52% reported that they did not think they needed such care, and another 23% (1.1% of all injured workers) reported not being able to get authorization from the employer or insurer. Twelve percent reported problems scheduling appointments and the remainder reported problems getting to the provider or

something else (percentages not reported due to insufficient data). Overall, 5% of injured workers with a recommendation for PT/OT (2.3% of all injured workers) did not receive such care for reasons other than personal disinclination.

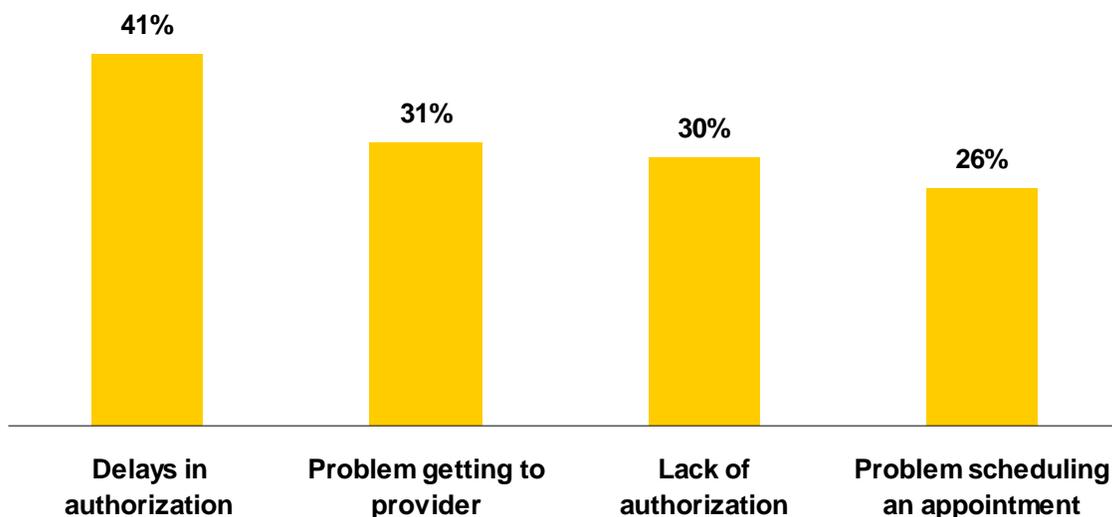
**Exhibit 17. Number of PT/OT visits among injured workers with a recommendation for such care, California, 2006**



Note: Percentages do not sum to 100% due to rounding

Of those with any PT/OT visits, 16% reported ever having problems seeing such providers (6.3% of all injured workers). Delays in authorization (41%) (2.6% of total), problems getting to the provider (31%) (2% of total), lack of authorization (30%) (1.9% of total), and problems scheduling appointments (26%) (1.7% of total) were cited as the more frequent reasons (Exhibit 18).

**Exhibit 18. Difficulties reported by injured workers who had a PT/OT visit, California, 2006**

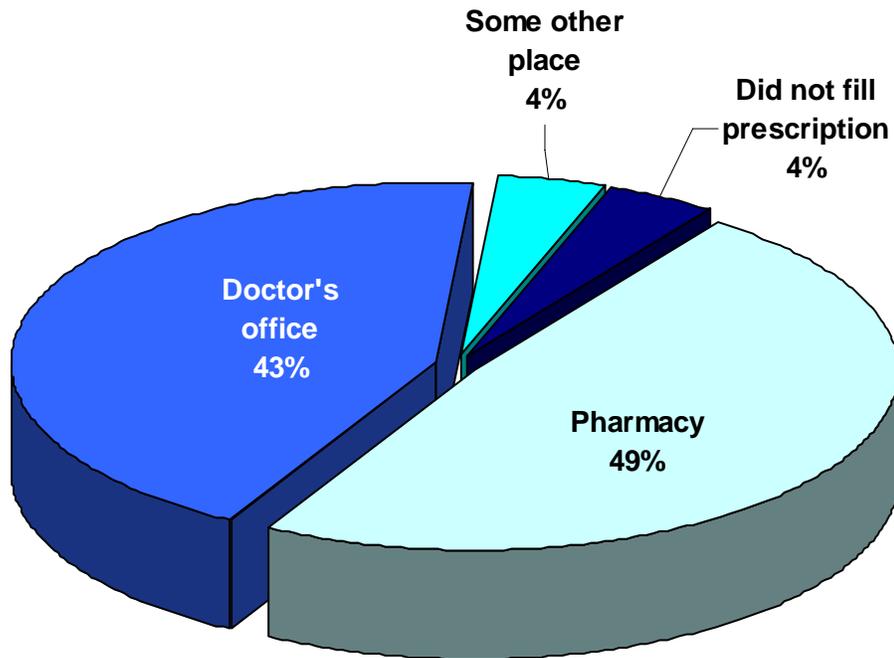


**Access to Prescription Medications**

Sixty-five percent of injured workers reported that a health care provider prescribed medication for their injury. Among these injured workers, 49% received the medication at a pharmacy, 43% received it from the doctor, and 4% never received the medication (Exhibit 19). The primary reason for not receiving the medication was the injured worker's lack of interest in taking medication (72%). Few reported lack of authorization, problems getting to a pharmacy, or other reasons (percentages not reported due to insufficient data).

Comparing injured workers who filled their prescriptions at a pharmacy or a doctor's office by geographic location revealed that more injured workers who filled their prescription at a doctor's office (92%) lived in urban areas than those who filled it at a pharmacy (86%). Similarly, more injured workers who filled their prescription at a doctor's office lived in Los Angeles County (35%) or other Southern California counties (Orange, San Diego, Riverside, San Bernardino, Imperial) (27%) than those who filled their prescriptions at a pharmacy (21% and 25%, respectively).

**Exhibit 19. The location injured workers filled their prescription, California, 2006**



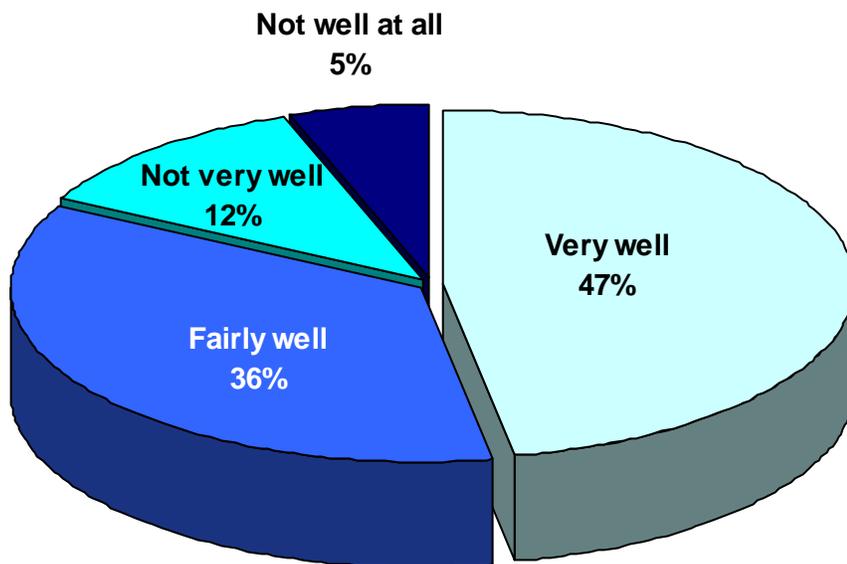
## **QUALITY OF CARE**

Five dimensions of quality in the WC system were delineated previously (refer to Section IV), namely appropriate clinical care, injured worker satisfaction, access to care, timeliness, and work-related outcomes such as return-to-work. Of these dimensions, access to and timeliness of care for injured workers was examined earlier. This section thus examines injured worker satisfaction and outcomes of care. In addition, though appropriateness of clinical care is not measured directly, indicators such as the main provider's occupational medicine orientation are reported.

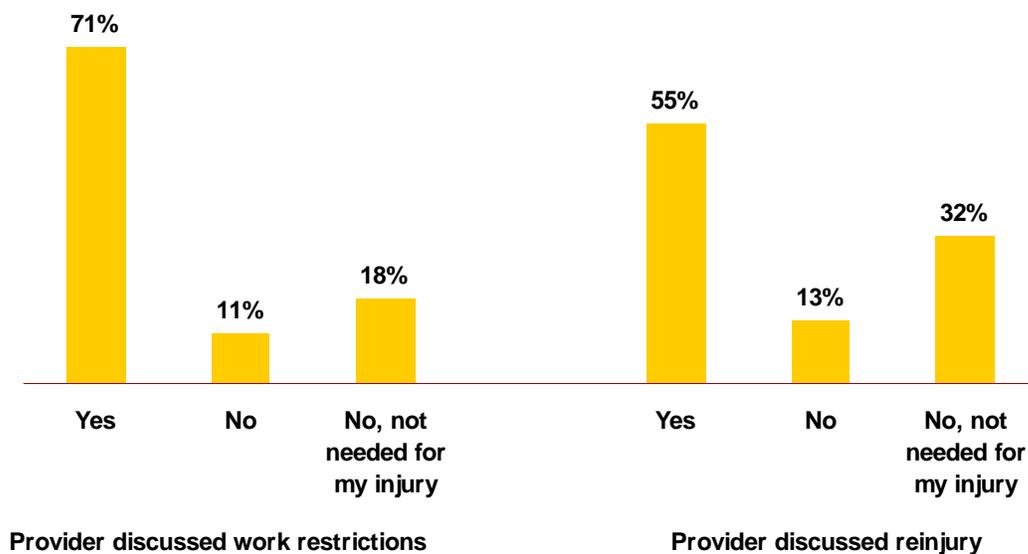
## Occupational Medicine Orientation of Providers

Most injured workers reported that their main provider understood the demands of their job very well (47%) or fairly well (36%) (Exhibit 20). Similarly, most injured workers reported that their main provider discussed if they needed work restrictions or changes in their job (71%) and how to avoid reinjury (55%) (Exhibit 21). Further examination of the occupational medicine orientation of the main provider revealed no significant differences by type of provider.

**Exhibit 20. Main provider's understanding of the job demands of the injured worker, California, 2006**



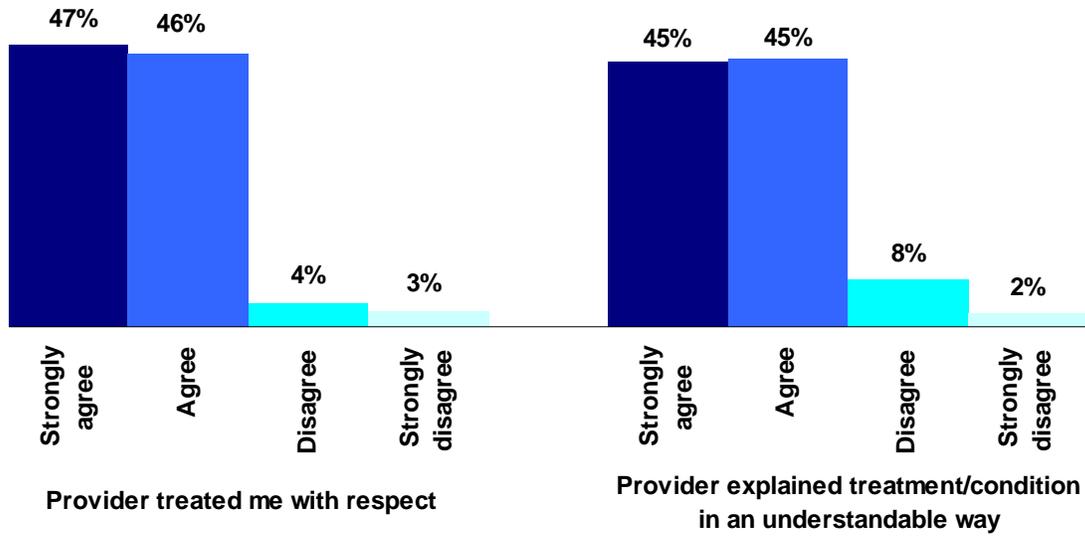
**Exhibit 21. Main provider discussed work restrictions and avoidance of reinjury, California, 2006**



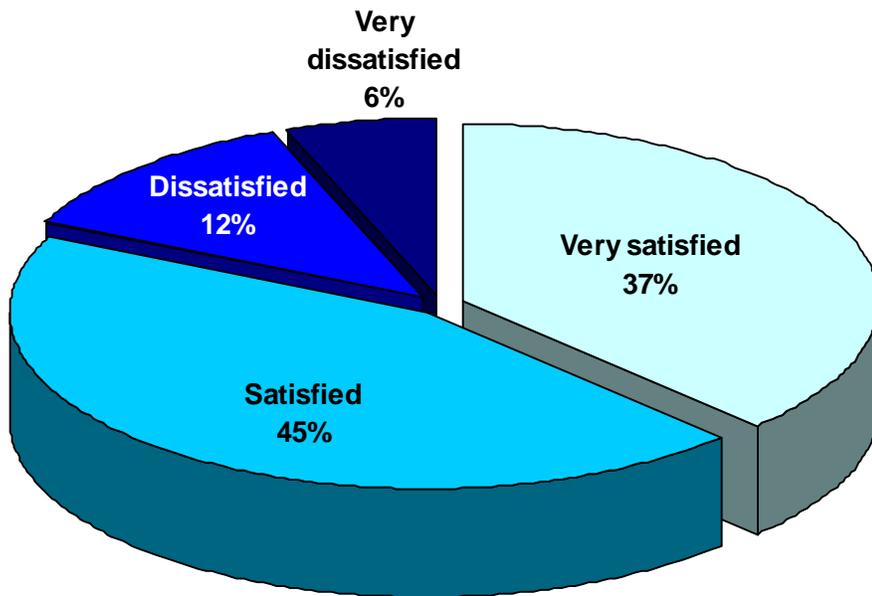
**Satisfaction with Provider and General Care**

The great majority of injured workers strongly agreed (47%) or agreed (46%) that their main provider treated them with courtesy and respect, and strongly agreed (45%) or agreed (45%) that their main provider explained their medical condition and treatment in an understandable way (Exhibit 22). Injured workers reported that they were very satisfied (37%) or satisfied (45%) with the care provided by their main provider (Exhibit 23).

**Exhibit 22. Injured worker rating of main provider respect and explanation of condition and treatment, California, 2006**

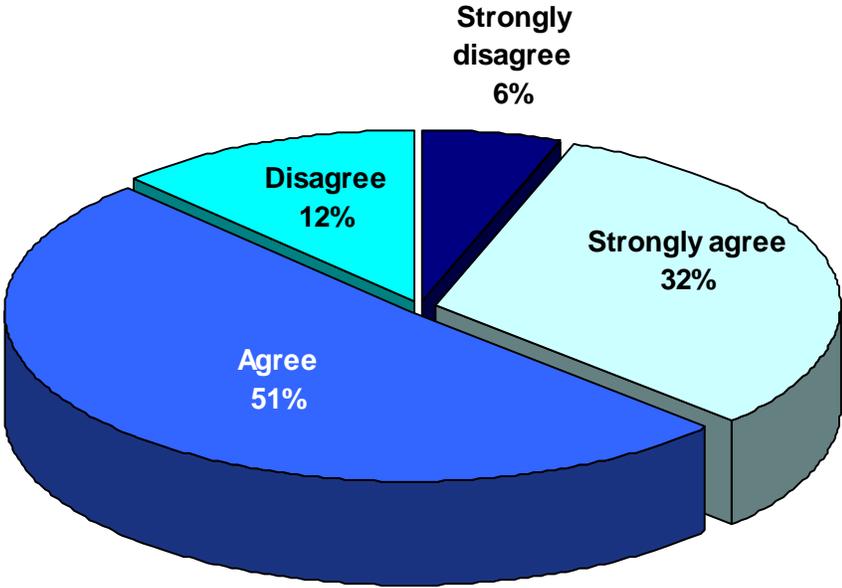


**Exhibit 23. Injured worker satisfaction with main provider, California, 2006**



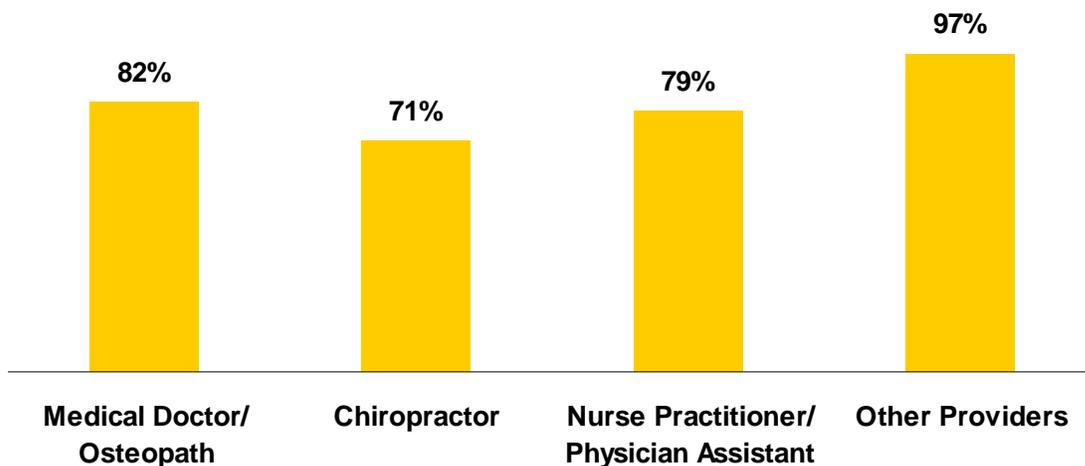
Most injured workers strongly agreed (32%) or agreed (50%) that they were able to get access to quality health care for their injury (Exhibit 24). Comparing responses to this question by main provider type revealed that injured workers more frequently reported having received quality care if their main provider was an MD/DO (82%) or other providers (such as psychologists and podiatrist) (97%) compared to chiropractors (71%) (Exhibit 25).

**Exhibit 24. Injured workers’ ability to access quality health care, California, 2006**



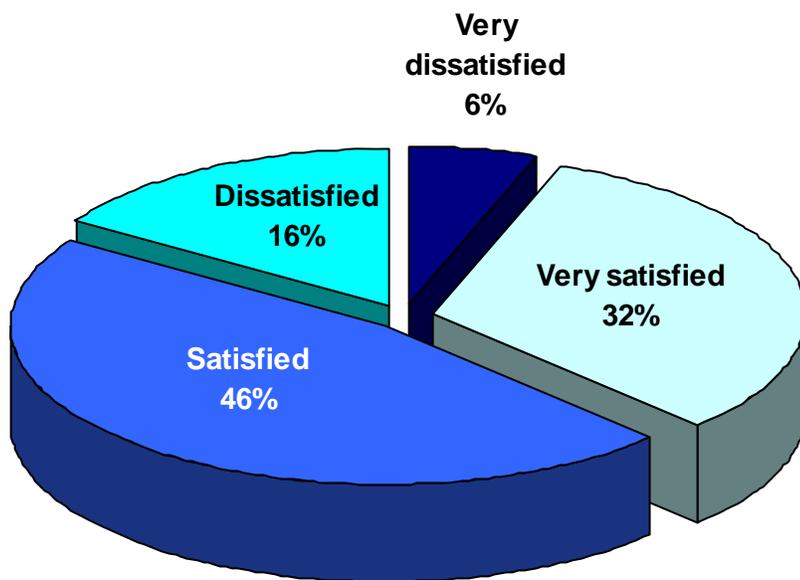
Note: Percentages do not sum to 100% due to rounding

**Exhibit 25. Injured workers who strongly agreed or agreed that they were able to access quality care by main provider type, California, 2006**



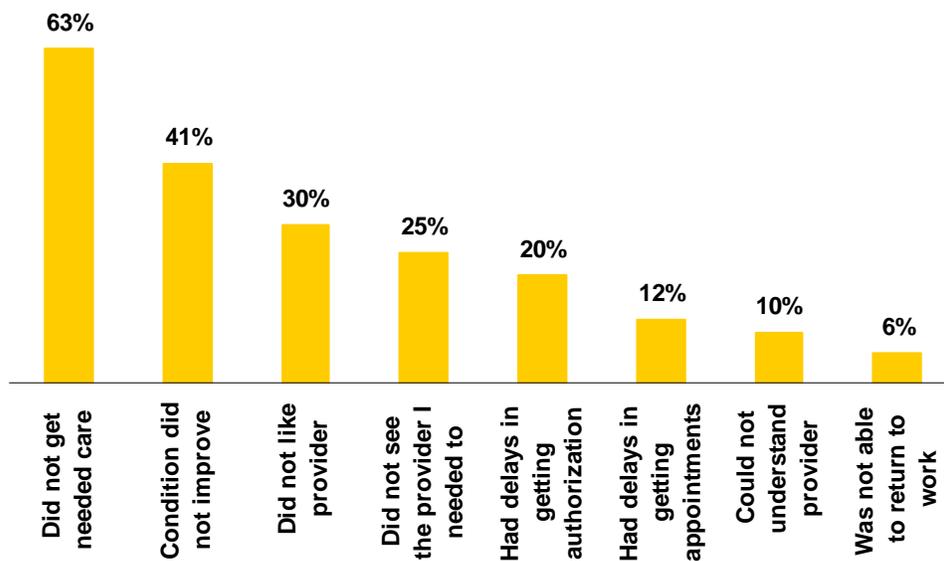
Injured workers rated their overall health care highly, with most reporting they were satisfied (46%) or very satisfied (32%) (Exhibit 26). Overall satisfaction ratings did not differ by main provider type.

**Exhibit 26. Injured worker overall satisfaction with health care, California, 2006**



Among the 22% of injured workers who reported being dissatisfied or highly dissatisfied overall with their health care, most cited their inability to get the care they needed (63%, or 13.5% of all injured workers) or lack of improvement or deterioration in their condition (41%, or 8.9% of all injured workers) as the reasons for their dissatisfaction (Exhibit 27). Eleven percent of injured workers reported having changed providers during the course of treatment for their injury because they were dissatisfied.

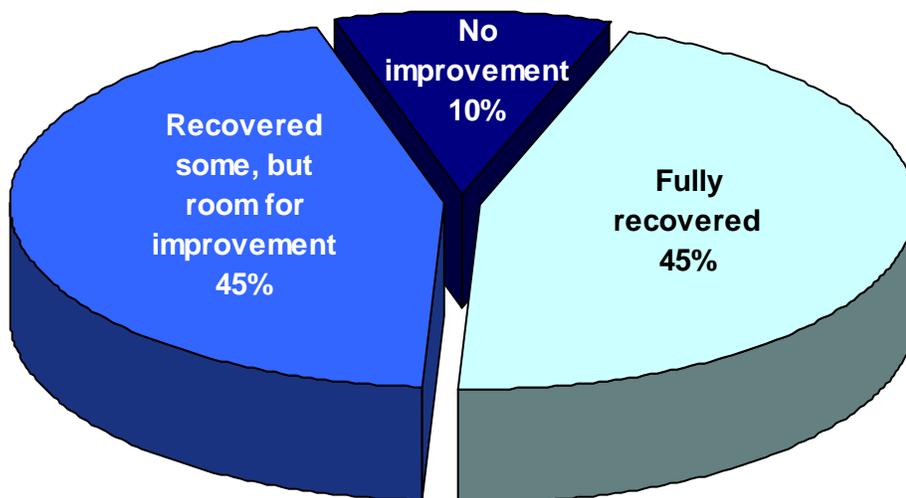
**Exhibit 27. Injured workers’ most frequent reasons for dissatisfaction with their care, California, 2006**



### Health and Work-related Outcomes

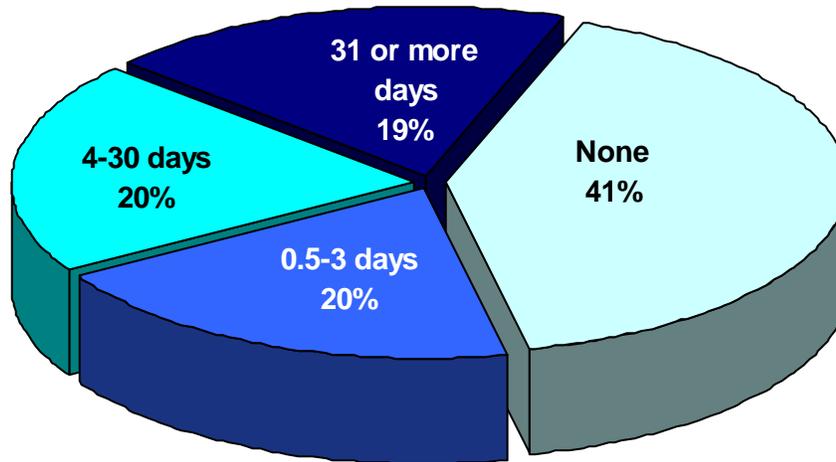
Injured workers were asked to assess the health outcomes of their care. Forty-five percent of injured workers felt that they had fully recovered from their injury (Exhibit 28). Another 45% reported to have recovered some, but felt that there was room for further improvement. Ten percent reported no improvement in their condition. Injured workers’ assessment of their health outcomes did not differ by type of main provider.

**Exhibit 28. Injured worker feelings about recovery, California, 2006**



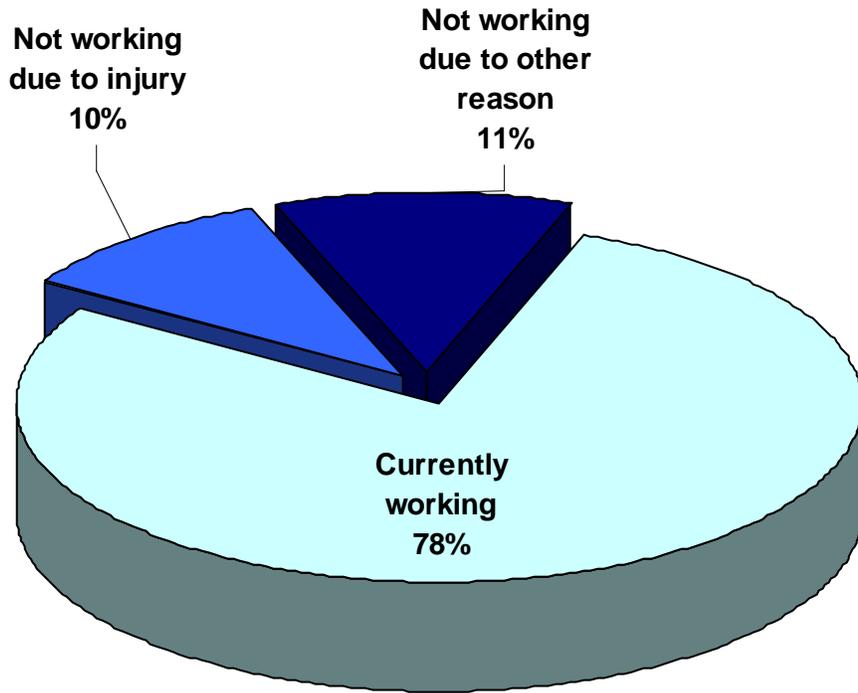
The total number of days of missed work for all injured workers who ever returned to work was 35 on average, while the median number of missed work days was 1.5, indicating a highly skewed distribution in number of missed work days. Overall, 41% of injured workers did not miss any work days, 40% missed 30 days or less, and 19% missed more than one month (30 days) of work (Exhibit 29). The number of days missed from work did not differ by type of main provider.

**Exhibit 29. Number of days missed from work among injured workers who ever returned to work, California, 2006**



The majority of injured workers (79%) reported they were currently working at the time of interview (Exhibit 30). Ten percent were not working at the time of the survey due to their injury, and 11% were not working due to other reasons. Overall, 93% of all injured workers returned to work after their injury, even if only for a few days. Among these workers, 92% had returned to the same employer.

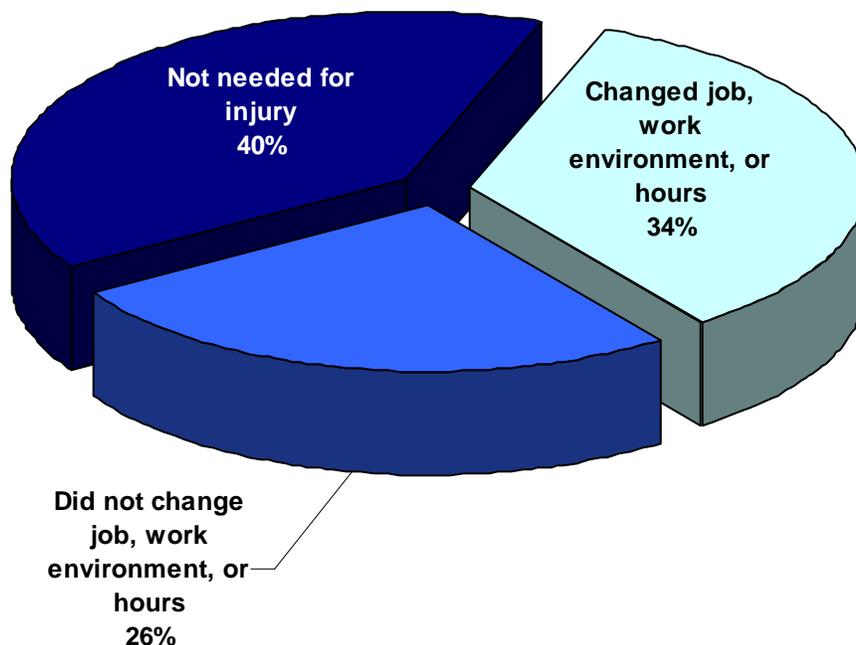
**Exhibit 30. Injured worker current work status, California, 2006**



Note: Percentages do not sum to 100% due to rounding

Among those who ever returned to work and who returned to the same employer, 34% reported that their job, work environment, or hours were changed in response to their injury, 26% said such changes were not made, and another 40% reported such changes were not needed (Exhibit 31). However, among those not currently working due to their injury but who had returned to the same employer, 51% reported no such modifications.

**Exhibit 31. Changes to work conditions of injured worker who ever returned to work for the same employer, California, 2006**



### **SATISFACTION AND OUTCOMES OF INJURED WORKERS WITH 10 OR MORE VISITS**

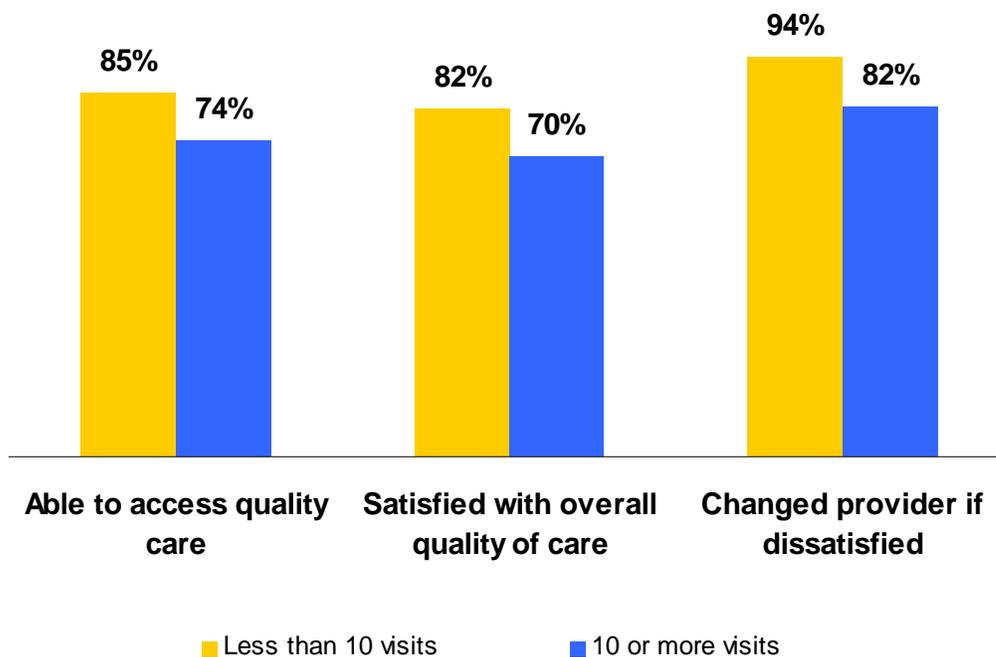
As shown in Exhibit 5, a notable proportion (28%) of injured workers reported high levels of overall utilization of care with 10 or more visits, potentially indicating more severe or complicated injuries. The following analyses examine whether these injured workers differed in their reported satisfaction and outcomes of care from those who had fewer visits.

Those with 10 or more visits did not differ from those with fewer visits in their assessment of the main provider's understanding of their job demands, discussions of work restrictions, and how to avoid reinjury. Furthermore, there were no differences in assessment of satisfaction with the main provider, of the courtesy and respect which the main provider

afforded the injured worker, or of the main provider's ability to explain the medical condition and treatment in an understandable way.

Those with 10 or more visits were less likely to report receiving access to quality care (strongly agree or agree) (74%) or being satisfied with the overall care received for their injury (70%), than those with fewer visits (Exhibit 32). However, the former group reported having changed a provider in their course of treatment if dissatisfied (82%) less often than those with fewer visits.

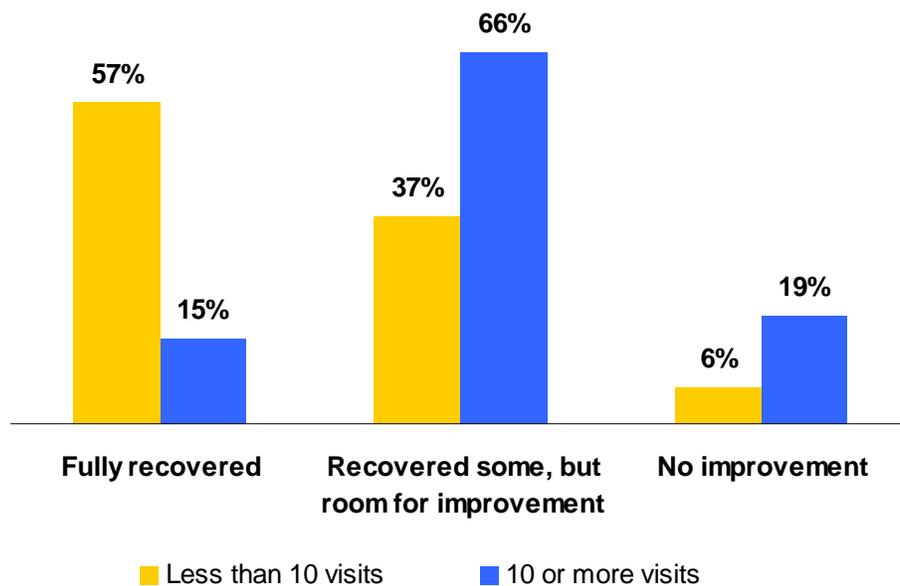
**Exhibit 32. Satisfaction and assessment of quality by injured workers by utilization level, California, 2006**



Relative to those with fewer visits, injured workers with 10 or more visits were less likely to report being fully recovered (15% vs. 57%) and more likely to report being only partially recovered (66% vs. 37%) (Exhibit 33). Those with 10 or more visits were 3 times more likely to report no improvement in their condition relative to those with fewer visits (19%

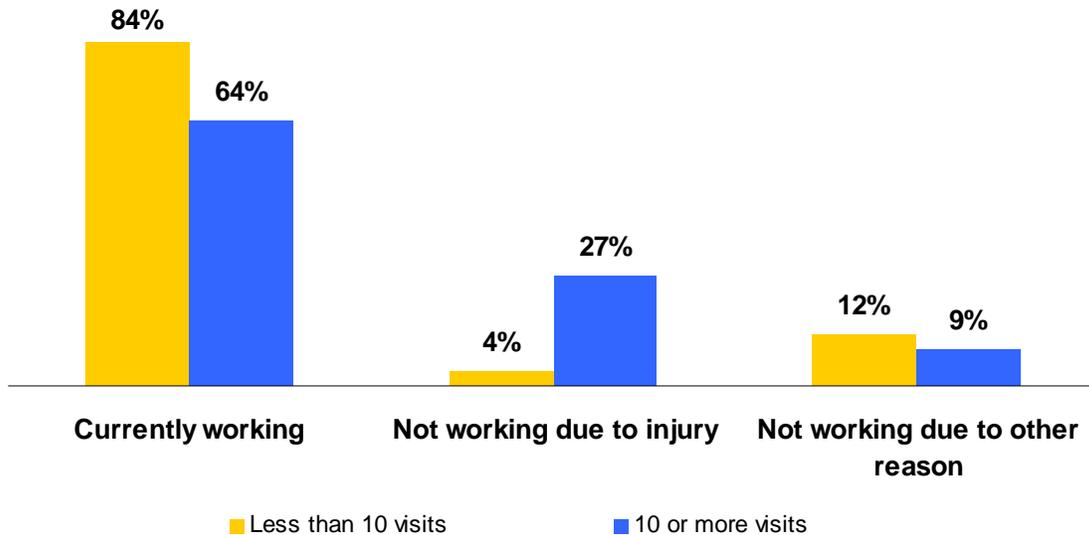
vs. 6%). In addition, the former group was less likely to have had three or fewer missed work days compared to the latter (40% vs. 68%). Those with 10 or more visits were more likely to have missed 31 or more days of work compared to those with fewer visits (43% vs. 11%).

**Exhibit 33. Health outcomes of injured workers by utilization level, California, 2006**



The examination of current work status by utilization level revealed that those with 10 or more visits were less likely to be currently working (64% vs. 84%) and less likely to be working due to their injury (27% vs. 4%) than others (Exhibit 34).

**Exhibit 34. Current work status of injured workers by utilization level, California, 2006**



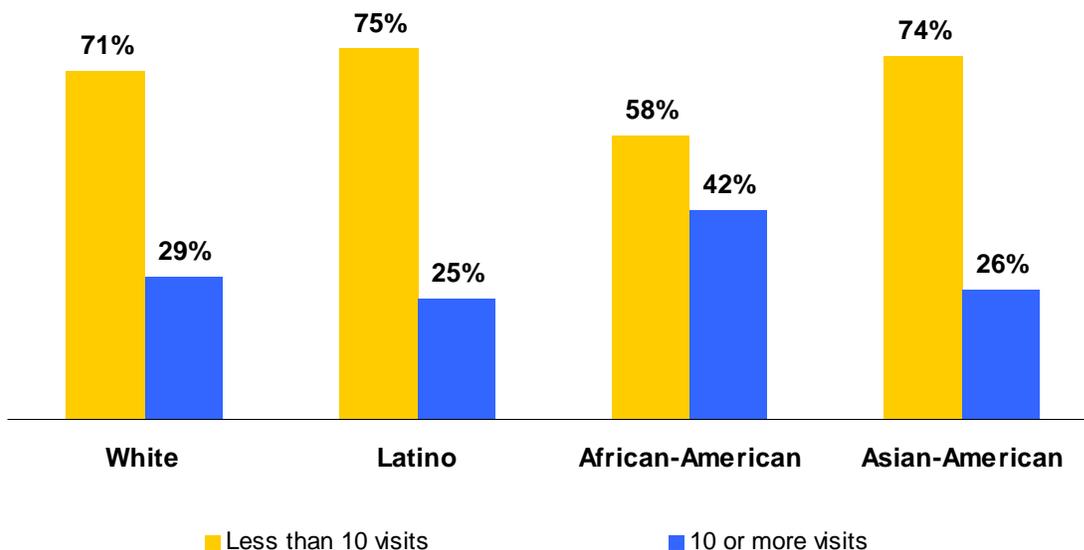
## **RACIAL/ETHNIC DIFFERENCES IN ACCESS AND QUALITY OF CARE**

An important concern in delivery of care under the WC system is whether injured workers of different races and ethnicities have equal access to quality care. In the following analyses, injured workers of different races and ethnicities are compared on the access and quality indicators examined earlier.

### **Access**

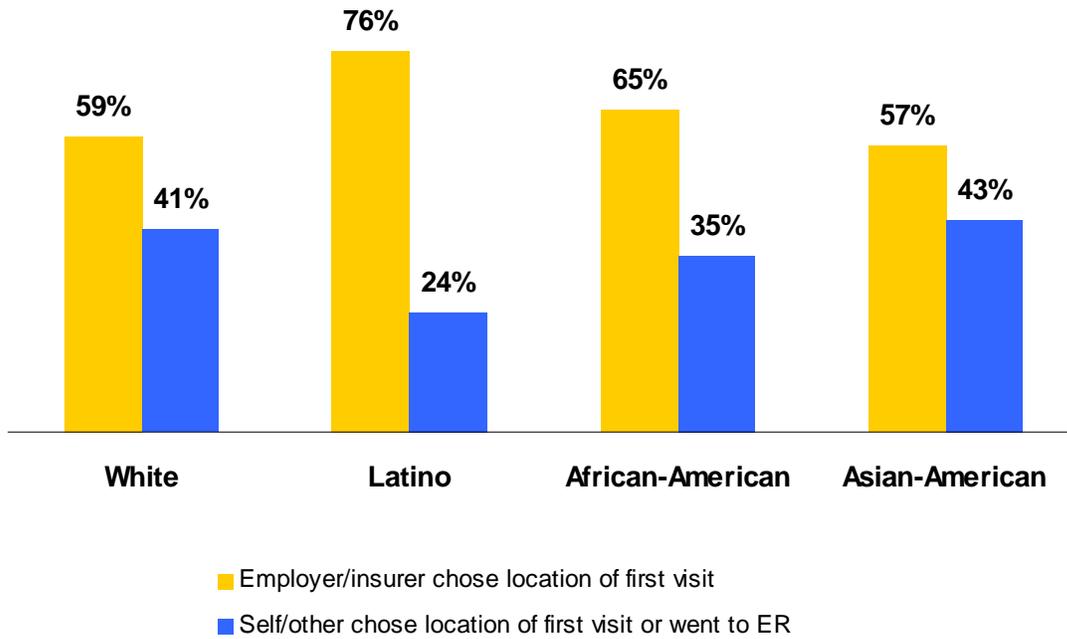
Injured workers differed significantly in the number of providers seen and in the level of utilization by race/ethnicity. A higher proportion of Asian-American (57%) and Latino (52%) injured workers saw only one provider compared to whites (42%) and African-Americans (45%). Furthermore, African-Americans were more likely (42%) to report 10 or more visits compared to whites (29%), Asian-Americans (26%), and Latinos (25%) (Exhibit 35).

**Exhibit 35. Utilization level by race/ethnicity of injured worker, California, 2006**



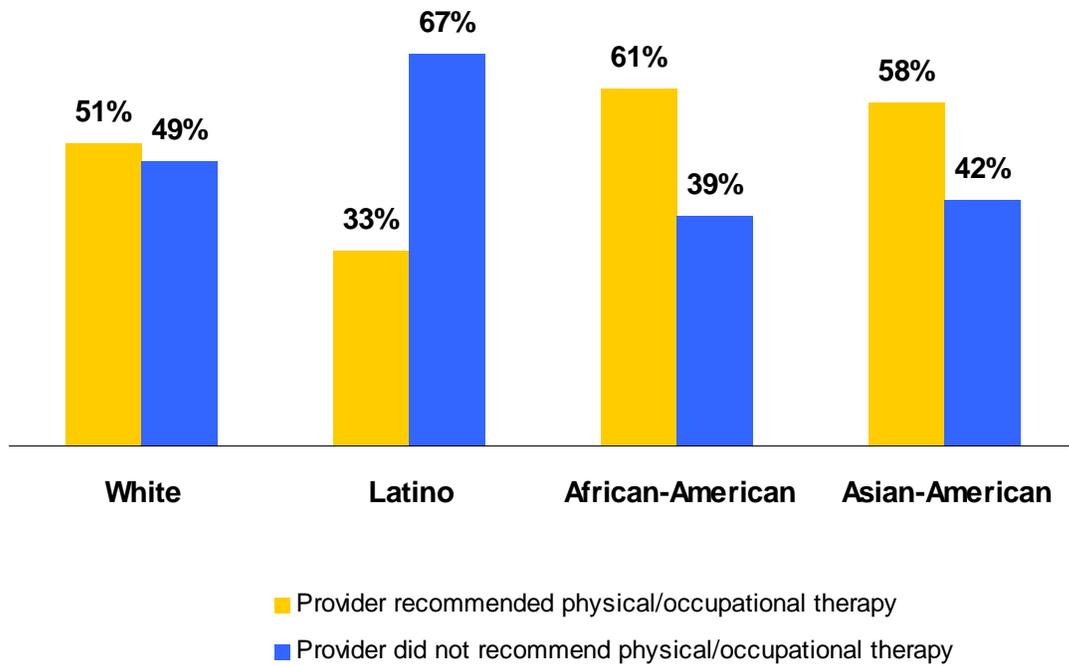
Injured workers did not differ by race/ethnicity in the time it took to have their first visit. However, Latino (50%) and African-American injured workers (38%) were more likely to report a work-place medical office or employer clinic as the location of their first visit than whites (27%) or Asian-Americans (33%). Latino (76%) and African-American (65%) injured workers most frequently reported that their employer or the insurer had chosen the location of their first visit compared to whites (59%) and Asian-Americans (57%) (Exhibit 36). No significant differences were observed for distance or time it took to get to the first provider.

**Exhibit 36. Choice of first provider by race/ethnicity of injured worker, California, 2006**

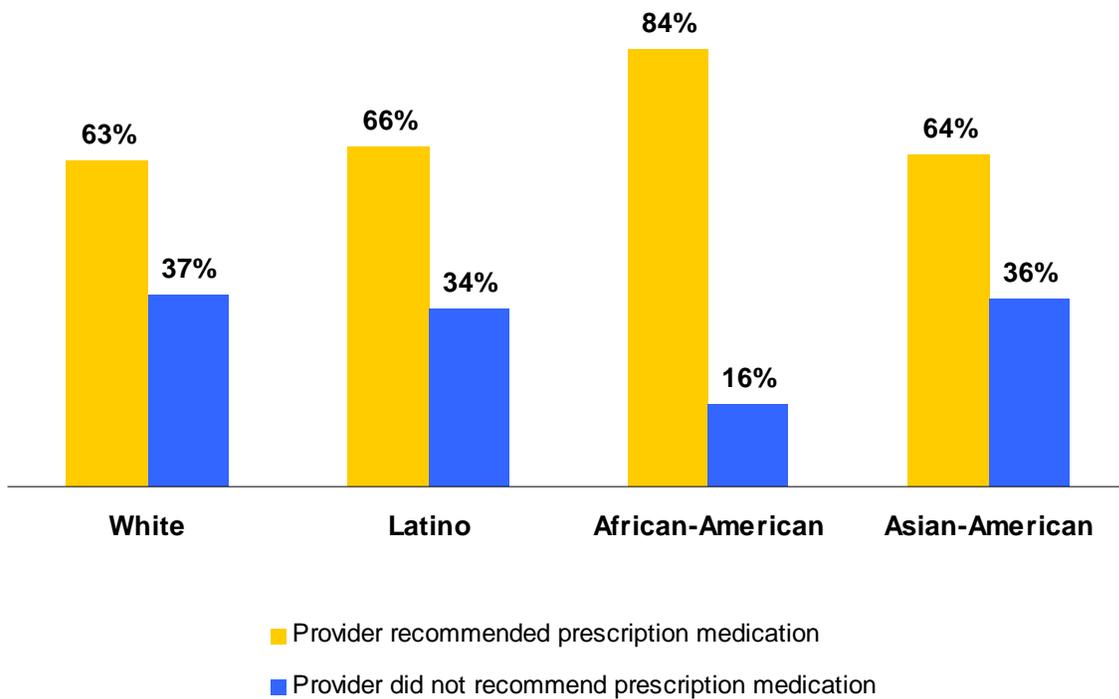


No notable differences by race/ethnicity were observed in injured workers' access to specialists, PT/OT, or prescription medications, with two exceptions. African-Americans more often (61%) reported receiving a recommendation to see a PT/OT than other groups, while Latinos least often received such a recommendation (Exhibit 37). Similarly, African-Americans were more often (84%) told that they needed prescription medication for their injury than other racial/ethnic groups (Exhibit 38).

**Exhibit 37. Recommendation to receive PT/OT by race/ethnicity of injured worker, California, 2006**



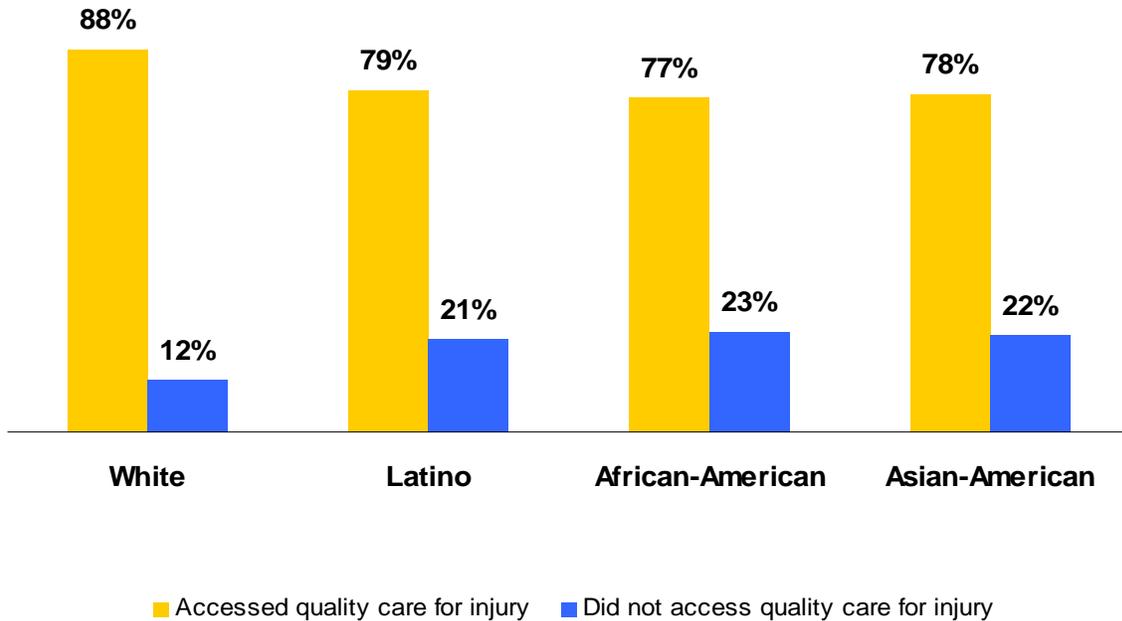
**Exhibit 38. Recommendation for prescription medication by race/ethnicity of injured worker, California, 2006**



## Quality

Injured workers did not report notable differences on the measures of the occupational medicine orientation of the main provider by race/ethnicity, nor were there any differences in rating of their main provider on courtesy and respect, explanation of condition, satisfaction with that provider, or their overall satisfaction with their care. However, white injured workers more frequently (88%) reported having accessed quality care for their injury compared to other groups (Exhibit 39). Alternatively, African-American (18%) and Asian-American (23%) injured workers more frequently reported having changed providers during the course of their treatment due to dissatisfaction with care compared to whites (9%) and Latinos (10%).

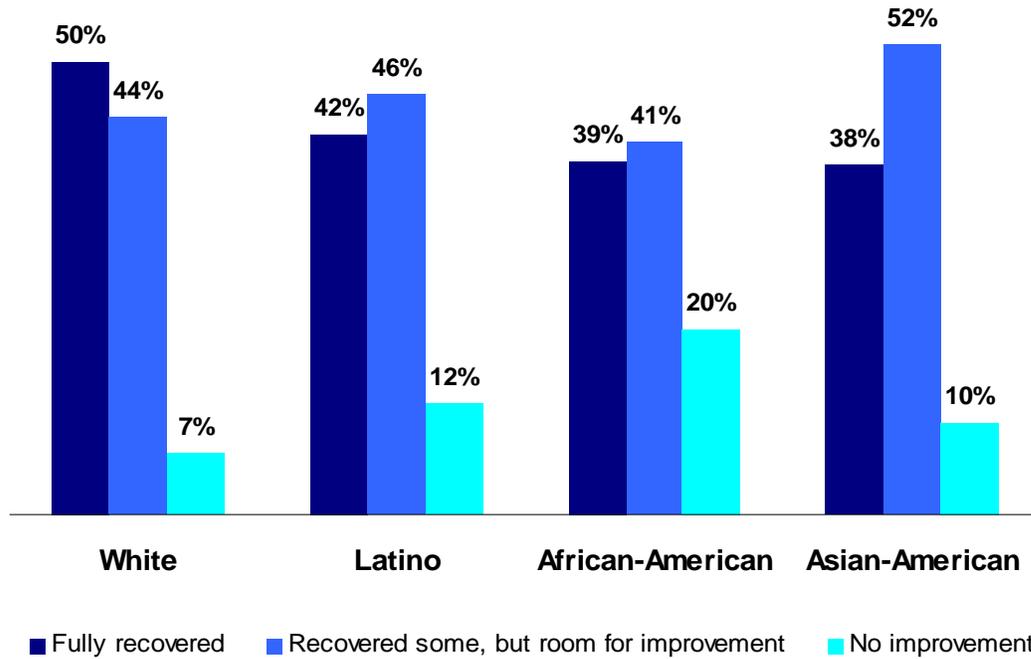
**Exhibit 39. Access to quality care by race/ethnicity of injured worker, California, 2006**



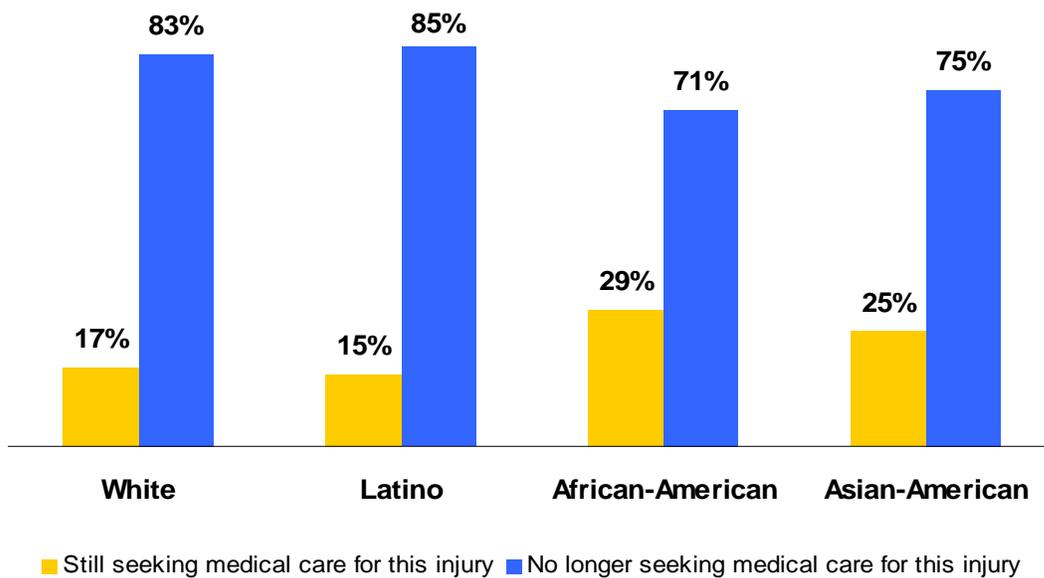
Self-reporting of full recovery was most frequent among white injured workers (50%) and self-reporting of no improvement was most frequent among African-Americans (20%) (Exhibit 40). No significant differences were observed in the number of missed work days or current work status by race/ethnicity. However, a higher percentage of African-American (29%) and Asian-American (25%) injured workers reported still seeking care for their injury

more than one year after their injury compared to whites (17%) and Latinos (15%) (Exhibit 41).

**Exhibit 40. Self-reported recovery from the injury by race/ethnicity of injured worker, California, 2006**



**Exhibit 41. Proportion of injured workers still seeking care by race/ethnicity of injured worker, California, 2006**



## SUMMARY AND CONCLUSIONS

### **1. Overall, injured workers under California's WC system do not appear to be facing substantial barriers to care. Some barriers to access are more prevalent among certain subgroups of injured workers.**

- Most injuries were non-repetitive injuries (45%) or scrapes, cuts, rashes, bruises or swelling (22%). Most injuries (61%) required workers to miss 3 or fewer days of work, and were therefore medical-only claims that did not receive indemnity payments.
- About 1 in 8 injured workers (13%) did not receive care within three days of reporting their injury. Injured workers with 10 or more visits were twice as likely to report receiving their first visit after 3 days relative to other injured workers (20% versus 11%).
- About 1 in 4 injured workers (24%) reported being in treatment for over 6 months.
- About 1 in 5 injured workers (19%) reported that they chose their first provider.
- Time and distance to first and main providers were within requirements imposed on MPNs for the vast majority of injured workers. Most injured workers traveled 15 miles or less (86%) or 30 minutes or less (92%) to see their first provider. Most also traveled 15 miles or less (82%) or 30 minutes or less (89%) to see their main provider (i.e., the provider most involved in their care).
- Very few injured workers (3%) reported communication barriers due to language discordance with the main provider.
- Overall, almost 1 in 3 injured workers (31%) received a recommendation for specialty care. Among those receiving such a recommendation, 8% (or 2.4% of all

injured workers) reported that they did not see a specialist because of authorization denials, scheduling problems, or other barriers. Given 780,000 workers compensation claims filed in 2005, 2.4% represents roughly 19,000 injured workers who may have encountered barriers to specialty care.

- Almost half (44%) of injured workers reported receiving a recommendation for PT/OT as part of their care. Among those receiving such a recommendation, about 5% (2.3% of all injured workers, or approximately 18,000 injured workers in 2005) reported that they did not receive PT/OT because of authorization denials, scheduling problems, or other barriers. About 10% (4.6% of injured workers) reported that they had 25 or more PT/OT visits, despite the 24-visit cap.
- About two-thirds (65%) of injured workers reported receiving a prescription for their injury.

**2. Overall, injured workers reported satisfaction with care received. However, further improvement in the quality of care is indicated.**

- Most injured workers reported that their main provider was oriented to occupational medicine, in terms of understanding their job demands (83%) and discussing work restrictions (71%) and avoidance of reinjury (55%). MD/DOs and chiropractors were more likely to have an occupational medicine orientation than other providers.
- More than 9 in 10 injured workers reported that their main provider treated them with respect (93%) and explained their treatment and condition in an understandable way (90%), while about 6 in 7 rated their main providers highly and were satisfied or very satisfied (82%) with the care delivered by those providers.
- About 5 in 6 injured workers (83%) reported they were able to access quality care.

- About 4 in 5 injured workers (78%) reported being satisfied or very satisfied overall with the care they received for their injury.
- Among the 22% of injured workers who were dissatisfied or highly dissatisfied overall with their care, most cited their inability to get the care they needed (63%, equaling 13.5% of all injured workers) or the lack of improvement in their condition (41%, equaling 8.9% of all injured workers) as the main reasons for their dissatisfaction.
- About 1 in 10 injured workers (11%) reported changing providers during the course of their treatment because of their dissatisfaction with their care.

### **3. The health outcomes of injured workers need further improvement.**

- More than half of injured workers (55%) have not fully recovered from their injury more than one year after their injury, including 10% who reported no improvement.
- About 4 in 5 injured workers (78%) were currently working more than one year after their injury, while 10% reported they are not currently working due to their injury.
- Injured workers not currently working due to injury were almost twice as likely to report that their employer did not make recommended modifications when they returned to work compared to those who are currently working and who returned to the same job they held prior to their injury (51% versus 26%).

### **4. Additional improvements are needed in the health and return-to-work outcomes of injured workers with high levels of utilization.**

- More than 1 in 4 injured workers (28%) reported high levels of utilization, defined as 10 or more visits during the course of their treatment.

- Injured workers with 10 or more visits were more likely to be dissatisfied with their overall quality of care relative to other injured workers (30% versus 18%).
- Injured workers with 10 or more visits were more than 3 times more likely to report they had no improvement in their injury relative to other injured workers (19% versus 6%).
- Injured workers with 10 or more visits were almost 7 times more likely to report they were not currently working due to their injury relative to other injured workers (27% versus 4%).

**5. Racial/ethnic differences in access to and satisfaction with care exist in the WC system in California.**

- African-American injured workers are more likely to have 10 or more physician visits, see more providers, report not receiving quality care, change providers due to dissatisfaction, and report no improvement in their condition than whites, Latinos, and Asian-Americans.
- Latinos and Asian-Americans are also more likely to report that they did not receive quality care for their injury and had no improvement in their condition than whites.